




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 10000-02 GRA-01D	
Application Number 10/734,125		Filed December 15, 2003	
For Child Seat			
Art Unit 3636		Examiner E. Garrett	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3866. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.		07/14/2006 MBIZUNES 00000027 10734125	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		01 FC:1251 120.00 0P	
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 39,746		Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.		Registration number if acting under 37 CFR 1.34	
 Signature		July 11, 2006 Date	
Bryan J. Lempia Typed or printed name		(312) 291-0860 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 11, 2006

Signature:  (Bryan J. Lempia)